

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01789

1. Entity Name

SHADOW RUN COMMUNITY ASSOCIATION, INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90023 013 \*\*\*\*61.25

Principal Place of Business

Mailing Address

40347 US 19 NORTH  
STE. 201  
TARPON SPRINGS FL 34689  
US

PO BOX 695  
TARPON SPRINGS FL 34689-0695

2. Principal Place of Business

10730 U. S. 19

3. Mailing Address

10730 U. S. 19

Suite, Apt. #, etc.

Suite 17

Suite, Apt. #, etc.

Suite 17

City & State

Port Richey, FL

City & State

Port Richey, FL

Zip

34668

Country

Pasco

Zip

34668

Country

Pasco

4. FEI Number

59-2731348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KARAGIANIS, IRENE  
40347 US 19 NORTH  
STE. 201  
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Russ Peate

Street Address (P.O. Box Number is Not Acceptable)

10730 U. S. 19

Suite 17

City

Port Richey

FL

Zip Code  
34668

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Russ Peate*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PICK, JOYCE  
STREET ADDRESS 12525 KNOLL BROOK LANE  
CITY-ST-ZIP HUDSON FL 34669

TITLE D ☒ Delete  
NAME ~~D'AMICO, KATHLEEN~~  
STREET ADDRESS 12519 KNOLLBROOK LANE  
CITY-ST-ZIP ~~HUDSON FL 34669~~

TITLE D/V ☐ Delete  
NAME MACALUSO, NORMA  
STREET ADDRESS 12505 GLENDALE COURT  
CITY-ST-ZIP HUDSON FL 34669

TITLE TD ☒ Delete  
NAME ~~WEGNER, ANITA~~  
STREET ADDRESS ~~12508 GLENDALE COURT~~  
CITY-ST-ZIP ~~HUDSON FL 34669~~

TITLE SD ☐ Delete  
NAME MUMICH, PATRICIA  
STREET ADDRESS 12503 GLENDALE CT  
CITY-ST-ZIP HUDSON FL 34669

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T/D ☐ Change ☒ Addition  
NAME Creighton, William  
STREET ADDRESS 12541 Knollbrook Lane  
CITY-ST-ZIP Hudson, FL 34669

TITLE D ☐ Change ☒ Addition  
NAME Branciforte, Vinnie  
STREET ADDRESS 12501 Ferndale Court  
CITY-ST-ZIP Hudson, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Russ Peate*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)